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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b | c. CITY OR TOWN Danville |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University Club Bldg. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) # 7 Maywood Drive |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Alan Macdonald | | | 4. DATE OF DEATH Month Day Year September 27th., 1960 | | | |
| 5. SEX M. | 6. COLOR OR RACE W. | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7/18/1891 | 9. AGE (last birthday) 69 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Treas. Allitt-Prowly Co. | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Danville, Ill. | 12. CITIZEN OF WHAT COUNTRY U.S. | |

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| 13a. FATHER'S NAME Robert D. Macdonald | | 13b. MOTHER'S MAIDEN NAME Ellen Re Shore | | 14. NAME OF HUSBAND OR WIFE Mrs. Ida M. Macdonald | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, give dates of service: World War # 1 | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Mrs. Ida M. Macdonald, # 7 Maywood Dr. | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>CORONARY THROMBOSIS</i> | | | Danville, Ill. | | | INTERVAL BETWEEN ONSET AND DEATH 15 mins. | | |
| DUE TO (b) <i>Generalized Arteriosclerosis</i> | | | | | | | | |
| DUE TO (c) <i>+20.1</i> | | | | | | | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>none</i> | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | |
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| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | | | |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|--|--|------------------------------|--------|-------|

21. I attended the deceased from 9-26-60 to 9-26-60 and last saw ^{Her}him alive on 9-26-60
 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <i>Albert Kaplan M.D.</i> | 22b. ADDRESS <i>607 N. Grand</i> | 22c. DATE SIGNED <i>9-26-60</i> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>9/30/1960</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Springhill Cemetery</i> | 23d. LOCATION (City, town, or county) <i>Danville, Ills.</i> | (State) |
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| 24. FUNERAL DIRECTOR <i>Arthur J. Bonnelly</i> | ADDRESS <i>3840 Lindell Blvd.</i> | 25. DATE RECD. BY LOCAL REG. <i>SEP 28 1960</i> | 26. REGISTRAR'S SIGNATURE <i>Loan Smith. M.D.</i> |
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DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Tronca Willison

Licensed Embalmer No. 350

P. O. Address 38402

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.